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| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on | Thomas | Mary Jane |
| | your government-issued picture identification (for | First name | First name |
| | example, your driver's | С | |
| | license or passport). | Middle name | Middle name |
| | Bring your picture | Mortensen | Mortensen |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-9236 | xxx-xx-8789 |

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Debtor 1 Thomas C Mortensen
Debtor 2 Mary Jane Mortensen

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ■ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 5635 N. Major Avenue | If Debtor 2 lives at a different address: |
| | | Chicago, IL 60646 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Cook | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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| | otor 1 otor 2 | Thomas C Morten Mary Jane Morten | | | | | Case number (if known) | | |
|-----|--|---|-------------------|--|--|--|---|------------------|--|
| Par | t 2: | Tell the Court About | Your Bank | ruptcy Ca | ase | | | | |
| 7. | Bank | The chapter of the Bankruptcy Code you are | | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy | | | | | |
| | choc | choosing to file under | ■ Chap | ter 7 | | | | | |
| | | | ☐ Chap | ter 11 | | | | | |
| | | | ☐ Chap | ter 12 | | | | | |
| | | | ☐ Chap | eter 13 | | | | | |
| 8. | How | you will pay the fee | ab or | out how yo | ou may pay. Typ attorney is sub | pically, if you are paying the fee y | eck with the clerk's office in your local court for yourself, you may pay with cash, cashier's che half, your attorney may pay with a credit card o | ck, or money | |
| | | | | | | tallments. If you choose this opens (Official Form 103A). | tion, sign and attach the Application for Individ | luals to Pay | |
| | | | □ Ire bu ap | equest that t is not req plies to yo | at my fee be wa juired to, waive ur family size ar | raived (You may request this opti your fee, and may do so only if y and you are unable to pay the fee | on only if you are filing for Chapter 7. By law, a your income is less than 150% of the official poin installments). If you choose this option, you ficial Form 103B) and file it with your petition. | overty line that | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No. | | | | | | | |
| | | ☐ Yes. | | | | | | | |
| | | | | District | | When | Case number | | |
| | | | | District | | When | Case number | | |
| | | | | District | | When | Case number | | |
| 10. | | any bankruptcy s pending or being | ■ No | | | | | | |
| | filed not f you, | by a spouse who is iling this case with or by a business ner, or by an | ☐ Yes. | | | | | | |
| | | | | Debtor | | | Relationship to you | | |
| | | | | District | | When | Case number, if known | | |
| | | | | Debtor | | | Relationship to you | | |
| | | | | District | | When | Case number, if known | | |
| 11. | | ou rent your lence? | ■ No. | Go to | line 12. | | | | |
| | 16310 | | ☐ Yes. | Has yo | our landlord obta | ained an eviction judgment agair | nst you and do you want to stay in your resider | nce? | |
| | | | | | No. Go to line | 12. | | | |
| | | | | | Yes. Fill out Inbankruptcy pe | | n Judgment Against You (Form 101A) and file | it with this | |

Thomas C Mortensen

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| Deb | tor 2 Mary Jane Morten | sen | | | | | Case number (if kno | own) | | |
|---|---|------------|-------------------|-------------------------------------|--------------------|----------------------|---------------------|-----------------|--------------------|---------|
| | | | | | | | | | | |
| Par | Report About Any Bu | sinesses ` | You Own | as a Sole Propriet | tor | | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | | | | |
| | | ☐ Yes. | Name | and location of bus | siness | | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, Sta | te & ZIP Code | | | | | |
| | it to this petition. | | Check | the appropriate bo | - | | | | | |
| | | | | Health Care Busin | ness (as define | ed in 11 U.S.C. § | 3 101(27A)) | | | |
| | | | | Single Asset Real | Estate (as def | fined in 11 U.S.0 | C. § 101(51B)) | | | |
| | | | | Stockbroker (as d | efined in 11 U. | S.C. § 101(53A) |)) | | | |
| | | | | Commodity Broke | er (as defined ir | n 11 U.S.C. § 10 |)1(6)) | | | |
| | | | | None of the above | е | | | | | |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor. State debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most recent be operations, cash-flow statement, and federal income tax return or if any of these documents do not in 11 U.S.C. 1116(1)(B). | | | | ost recent bala | ince sheet, staten | nent of | | | | |
| No. I am not filing under Chapter 11. | | | | | | | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code. | | 11, but I am N | OT a small busi | ness debtor accord | ing to the defi | nition in the Bank | ruptcy |
| | | ☐ Yes. | I am f | ling under Chapter | 11 and I am a | small business | debtor according to | the definition | in the Bankruptcy | / Code. |
| Par | t 4: Report if You Own or | Have Any | Hazardo | us Property or An | y Property Tha | at Needs Imme | diate Attention | | | |
| 14. | Do you own or have any | ■ No. | | | | | | | | |
| | property that poses or is alleged to pose a threat of imminent and | ☐ Yes. | What is | he hazard? | | | | | | |
| | identifiable hazard to public health or safety? | | · · · · · · · · · | | | | | | | |
| | Or do you own any property that needs immediate attention? | | | iate attention is why is it needed? | | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | | | | | | |
| | | | | | Number, Stree | t, City, State & Zip | Code | | | |

Thomas C Mortensen

Debtor 1

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Debtor 1 Thomas C Mortensen
Debtor 2 Mary Jane Mortensen

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate

in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

military duty in a milita combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

☐ Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| | tor 1 Thomas C Morten tor 2 Mary Jane Morten | | | | Case number | (if known) | |
|-----|--|--|--|--|---|---|--|
| Par | | | eporting Purposes | | | | |
| | What kind of debts do you have? | 16a. | | | | | |
| | | | ☐ No. Go to line 16b. | • | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | Are your debts primarily busi money for a business or investr | | | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you owe | that are not consu | mer debts or business | s debts | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. | Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7. Do are paid that funds will be available | you estimate that a able to distribute to | fter any exempt prope unsecured creditors? | erty is excluded and administrative expenses | |
| | administrative expenses are paid that funds will | | No | | | | |
| | be available for distribution to unsecured creditors? | | Yes | | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 |) | 2 5,001-50,000 | |
| | you estimate that you owe? | □ 50-99 | | 5001-10,000 | | □ 50,001-100,000 | |
| | | ☐ 100-1 ☐ 200-9 | | 1 0,001-25,0 | 100 | ☐ More than100,000 | |
| 19. | How much do you | □ \$0 - \$ | 550,000 | □ \$1,000,001 | - \$10 million | ☐ \$500,000,001 - \$1 billion | |
| | estimate your assets to be worth? | | 01 - \$100,000 | □ \$10,000,00° | | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion | |
| | | ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | □ \$50,000,00° □ \$100,000,00 | 01 - \$500 million | ☐ More than \$50 billion | |
| 20. | How much do you | □ \$0 - \$ | 550,000 | □ \$1,000,001 | - \$10 million | □ \$500,000,001 - \$1 billion | |
| | estimate your liabilities to be? | | 001 - \$100,000 | □ \$10,000,00° | | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$50,000,00° □ \$100,000,00 | 1 - \$100 million 01 - \$500 million | ☐ More than \$50 billion | |
| Dom | Ciam Dalam | — фооо, | | | · | | |
| Par | | 1 h a | | | | atten and ideal in two and assument | |
| For | you | | | | • | ation provided is true and correct. | |
| | | | | | | under Chapter 7, 11,12, or 13 of title 11, pose to proceed under Chapter 7. | |
| | | | rney represents me and I did not nt, I have obtained and read the n | | | an attorney to help me fill out this | |
| | | I request | relief in accordance with the cha | apter of title 11, Unit | ed States Code, spec | ified in this petition. | |
| | | | cy case can result in fines up to S | | | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, | |
| | | /s/ Tho | mas C Mortensen | | /s/ Mary Jane Mo | | |
| | | | s C Mortensen e of Debtor 1 | | Mary Jane Morte Signature of Debtor | | |
| | | Executed | | | | ember 30, 2015 | |
| | | | MM / DD / YYYY | | MM. | / DD / YYYY | |

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| Debtor 1 Thomas C Morter | Document psen | Page 7 of 58 | | |
|---|--|-------------------------------|------------------------|--------------------------------|
| Debtor 2 Mary Jane Morter | nsen | Ca | se number (if known) | |
| | | | | |
| For your attorney, if you are represented by one | I, the attorney for the debtor(s) named in this under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify the second of the control | ed States Code, and have | explained the relief a | vailable under each chapter |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect. | , certify that I have no know | wledge after an inquii | ry that the information in the |
| | /s/ Joseph Wrobel | Date | December 30, | 2015 |

| | | Docume | nt Page 8 of 58 | |
|---|-------------------------|-------------------|-----------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Thomas C Morter | nsen | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Mary Jane Morter | nsen | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | | Your a | assets of what you own |
|-----|--|------------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 238,500.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 128,906.50 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 367,406.50 |
| Paı | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 247,642.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 64,086.67 |
| | Your total liabilities | \$ | 311,728.67 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,415.44 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,332.25 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sc | hedules. |
| | ■ Yes What kind of debt do you have? | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

| | | Document | Page 9 of 58 | |
|----------|---------------------|----------|------------------------|--|
| | Thomas C Mortensen | | | |
| Debtor 2 | Mary Jane Mortensen | | Case number (if known) | |

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | \$ 6,054.19 |
|----|--|----------------|
| | | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cla | aim |
|--|-----------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Ca | ase 15-43702 | Doc 1 | | 12/30/15 ument | Entered 12/30/2 | 15 22:33:09 | Des | sc Main | |
|-----------------------|-----------------|--|---------------------------------------|------------|--------------------|--|---------------------|------------|---|-------|
| Fill i | n this infor | nation to identify yo | our case and th | | | | | | | |
| Debt | or 1 | Thomas C Mor | tensen | | | | | | | |
| | | First Name | Middle | e Name | | Last Name | | | | |
| Debt | | Mary Jane Mor | | - N | | Last Name | | | | |
| (Spou | se, if filing) | FIRST Name | Middle | e Name | | Last Name | | | | |
| Unite | ed States Ba | nkruptcy Court for the | e: NORTHER | RN DISTE | RICT OF ILLIN | IOIS | | | | |
| Case | number _ | | | | | = | | | ☐ Check if this amended fil | |
| SC n eac hink i | hedul | e as complete and acc e space is needed, atta | cribe items. List curate as possib | le. If two | married people | in asset fits in more than one are filing together, both are e top of any additional page: | e equally responsib | le for su | the category wher oplying correct | - |
| Part 1 | Describe | Each Residence, Build | ling, Land, or Of | ther Real | Estate You Ow | n or Have an Interest In | | | | |
| . Do | you own or l | nave any legal or equit | able interest in a | any reside | ence, building, | land, or similar property? | | | | |
| П | No. Go to Par | + 2 | | | | | | | | |
| _ | | s the property? | | | | | | | | |
| | res. where | s the property? | | | | | | | | |
| | | | | | | | | | | |
| 1.1 | | | | What | is the property | ? Check all that apply. | | | | |
| | 5635 N. M | ajor Avenue | | _ | | | Do not deduct se | oured cla | ims or exemptions. | Dut |
| - | Street address, | if available, or other descrip | ition | | Single-family h | | the amount of an | y secured | l claims on <i>Śchedu</i> | le D: |
| | | | | | Duplex or mult | · · | Creditors Who H | ave Clain | s Secured by Prop | erty. |
| | | | | | Condominium | or cooperative | | | | |
| | | | | | Manufactured | or mobile home | Current value o | f the | Current value of | the |
| - | Chicago | | 60646-0000 | . 📙 | Land | | entire property? | | portion you own | |
| | City | State | ZIP Code | | Investment pro | pperty | \$238,50 | 00.00 | \$238,5 | 00.00 |
| | | | | H | Timeshare Other | | Deceribe the ne | ture of w | our ownership into | root |
| | | | | | | in the property? Check | | nple, tena | our ownership inte incy by the entiret | |
| | | | | | Debtor 1 only | | Joint tenant | | | |
| | Cook | | | | Debtor 2 only | | | <u>-</u> | | |
| | County | | | | Debtor 1 and [| Debtor 2 only | - Check if th | s is com | munity property | |
| | | | | | At least one of | the debtors and another | (see instruc | | | |
| | | | | | - | ou wish to add about this ite | m, such as local | | | |
| | | | | prope | erty identificati | on number: | | | | |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$238,500.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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| Debto Debto | | (| Case number (if known) | |
|----------------|--|--|---|---------------------------------------|
| . Car | rs, vans, trucks, tractors, sport utility v | ehicles, motorcycles | | |
| | | | | |
| Y | ⁄es | | | |
| 3.1 | Make: Jeep Model: Patriot 4D Sport Utility | Who has an interest in the property? Check one. ☐ Debtor 1 only | Do not deduct secured cl the amount of any secure Creditors Who Have Clai | ed claims on Schedule D: |
| | Year: 2012 Approximate mileage: 40866 | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other information: | At least one of the debtors and another | | |
| | in possession of Michelle Mortensen | ☐ Check if this is community property (see instructions) | \$10,000.00 | \$5,000.00 |
| 3.2 | Make: Jeep Model: Liberty 4D Sport Utility | Who has an interest in the property? Check one. ☐ Debtor 1 only | Do not deduct secured cl the amount of any secure Creditors Who Have Clai | ed claims on Schedule D: |
| | Year: 2011 Approximate mileage: 53,540 | Debtor 2 only Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other information: | ☐ At least one of the debtors and another | | |
| | in possession of debtor | ☐ Check if this is community property (see instructions) | \$10,000.00 | \$10,000.00 |
| 3.3 | Make: Jeep Model: Grand Cherokee | Who has an interest in the property? Check one. ☐ Debtor 1 only | Do not deduct secured cl the amount of any secure Creditors Who Have Clai | ed claims on Schedule D: |
| | Year: 2004 Approximate mileage: 160,000 | □ Debtor 2 only □ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other information: in possession of Tommy Mortensen | ■ At least one of the debtors and another □ Check if this is community property (see instructions) | \$1,538.00 | \$769.00 |
| 3.4 | Make: Chevrolet Model: Blazer | Who has an interest in the property? Check one. ☐ Debtor 1 only | Do not deduct secured cl the amount of any secure Creditors Who Have Clai | ed claims on Schedule D: |
| | Year: 1998 Approximate mileage: 172,000 Other information: | ■ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own? |
| | in possession of debtor | ☐ Check if this is community property (see instructions) | \$740.00 | \$740.00 |
| 3.5 | Make: Chevrolet Model: Malibu LS | Who has an interest in the property? Check one. | Do not deduct secured cl | ed claims on Schedule D: |
| | Model: Malibu LS Year: 2013 | Debtor 1 only | | ms Secured by Property. |
| | Approximate mileage: 8,500 Other information: | ■ Debtor 2 only□ Debtor 1 and Debtor 2 only□ At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own? |
| | in possession of spouse | ☐ Check if this is community property (see instructions) | \$14,645.00 | \$14,645.00 |

Official Form 106A/B Schedule A/B: Property page 2

Entered 12/30/15 22:33:09 Case 15-43702 Doc 1 Filed 12/30/15 Desc Main Page 12 of 58 Document Debtor 1 **Thomas C Mortensen** Debtor 2 Mary Jane Mortensen Case number (if known) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☐ No Yes Make: Keystone Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put **Summerland Series** the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: M-3030 2012 Year: Debtor 2 only Current value of the Current value of the entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another ☐ Check if this is community property (see in possession of Tommy \$9,995.00 \$4,997.50 instructions) Mortensen 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages \$36,151.50 you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$900.00 Misc used household goods & furnishings 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

Used clothing fully depreciated

□ No

Yes. Describe.....

\$300.00

| | | | ocument | Page 13 of 5 | 58 | |
|--------------------------|--|--|--------------------|-----------------------|--|---|
| Debtor 1 Debtor 2 | Thomas C Mortens Mary Jane Mortens | | | | Case number (if known) | |
| ■ No | | ostume jewelry, engaç | gement rings, wed | ding rings, heirloom | n jewelry, watches, gems, go | old, silver |
| ■ No | oles: Dogs, cats, birds, ho | orses | | | | |
| 14. Any oth | Describe her personal and house Give specific information | | not already list, | ncluding any healtl | h aids you did not list | |
| | he dollar value of all of art 3. Write that number | • | , | , | es you have attached | \$1,200.00 |
| Part 4: De | scribe Your Financial Asse | ets | | | | |
| | n or have any legal or | | any of the follow | ving? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | oles: Money you have in | | | · | nd when you file your petitio Personal Funds | n \$100.00 |
| Examp | | or other financial acco ave multiple accounts | | stitution, list each. | n credit unions, brokerage h | ouses, and other similar |
| | 17.1 | Savings | Chase E | Bank - #8976 | | \$55.00 |
| | 17.2 | Checking | Chase B | ank - #0461 | | \$100.00 |
| Examp | , mutual funds, or publ i bles: Bond funds, investn | | okerage firms, mo | ney market accounts | s | |
| ■ No □ Yes | | Institution or issuer | name: | | | |
| joint v | ıblicly traded stock and enture | interests in incorpo | orated and uning | orporated business | ses, including an interest | in an LLC, partnership, and |
| ■ No | 0 | | | | | |
| ⊔ Yes. | Give specific information | ame of entity: | | | % of ownership: | |
| Negoti Non-ne ■ No | mment and corporate be able instruments include egotiable instruments are Give specific information | personal checks, case those you cannot tra | hiers' checks, pro | omissory notes, and | money orders. | |

Official Form 106A/B Schedule A/B: Property page 4

Issuer name:

| | Case 15-43702 | | Filed 12/30/15 Document | Entered 12/30/15 2 Page 14 of 58 | 2:33:09 | Desc Main |
|----------------------|--|-----------------------------|------------------------------|---|------------------|--|
| Debtor 1 Debtor 2 | | | | Case num | nber (if known) | |
| | • | | 01(k), 403(b), thrift saving | s accounts, or other pension or | profit-sharing լ | blans |
| | es. List each account separat | elv | | | | |
| | | of account: | Institution n USPS | ame: | | \$89,300.00 |
| | | | | | | |
| You | | s you have m | | inue service or use from a comp tric, gas, water), telecommunica | | ies, or others |
| ■ No | es | | Institution n | ame or individual: | | |
| 23. Ann | • | dic payment o | of money to you, either for | life or for a number of years) | | |
| | | e and descrip | otion. | | | |
| 26 U. | S.C. §§ 530(b)(1), 529A(b), | an account and 529(b)(1) | in a qualified ABLE pro | gram, or under a qualified sta | te tuition pro | gram. |
| ■ No | | name and des | cription. Separately file th | e records of any interests.11 U. | S.C. § 521(c): | |
| 25. Trus | - | ests in prop | erty (other than anythin | g listed in line 1), and rights o | r powers exer | rcisable for your benefit |
| | es. Give specific information | about them | | | | |
| | nts, copyrights, trademark mples: Internet domain name | | | | | |
| ■ No | os. Give specific information | about them | | | | |
| | nses, franchises, and othe mples: Building permits, excl | | | n holdings, liquor licenses, profe | essional license | es |
| ■ No | es. Give specific information | about them | | | | |
| Money | or property owed to you? | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax □ No | refunds owed to you | | | | | · |
| | | about them, in | ncluding whether you alre | ady filed the returns and the tax | years | |
| | | | | | | |
| | | 201 | 5 Fed Inc Tax Refund | l - anticipated | | \$2,000.00 |
| | ily support mples: Past due or lump sun | n alimony, spo | ousal support, child suppo | ort, maintenance, divorce settler | ment, property | settlement |
| ■ No | es. Give specific information | | | | | |
| Exa _ | benefits; unpaid loan | ility insurance | | efits, sick pay, vacation pay, wo | orkers' comper | nsation, Social Security |
| ■ No | o es. Give specific information. | | | | | |
| | rests in insurance policies imples: Health, disability, or li | fe insurance: | health savings account (| HSA); credit, homeowner's, or re | enter's insurar | ice |
| _ | orm 106A/B | ., | Schedule A/B: | | | page 5 |

Case 15-43702 Doc 1 Filed 12/30/15 Entered 12/30/15 22:33:09 Desc Main Page 15 of 58 Document Debtor 1 **Thomas C Mortensen** Debtor 2 Mary Jane Mortensen Case number (if known) Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: Term Life Insurance - Prudential \$0.00 Term life insurance through employer \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No $\hfill \square$ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$91,555.00 for Part 4. Write that number here..... Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2

Schedule A/B: Property

Official Form 106A/B

page 6

Case 15-43702 Doc 1 Filed 12/30/15 Entered 12/30/15 22:33:09 Desc Main Document Page 16 of 58

Thomas C Mortensen Debtor 1 Debtor 2 **Mary Jane Mortensen** Case number (if known) \$238,500.00 56. Part 2: Total vehicles, line 5 \$36,151.50 57. Part 3: Total personal and household items, line 15 \$1,200.00 Part 4: Total financial assets, line 36 \$91,555.00 Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$128,906.50 Copy personal property total \$128,906.50 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$367,406.50

Official Form 106A/B Schedule A/B: Property page 7

| | | Docume | THE TAUCET OF JO | | |
|---------------------|--------------------------|-------------------|------------------|-----------------------------|--|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Thomas C Morter | nsen | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Mary Jane Morter | nsen | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check if this amended fil | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the Property You Claim as Exempt |
|---------|---|
| | |

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 5635 N. Major Avenue Chicago, IL 60646 Cook County | \$238,500.00 | | \$30,000.00 | 735 ILCS 5/12-901 |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2011 Jeep Liberty 4D Sport Utility 53,540 miles | \$10,000.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| in possession of debtor Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2011 Jeep Liberty 4D Sport Utility 53.540 miles | \$10,000.00 | | \$5,000.00 | 735 ILCS 5/12-1001(b) |
| in possession of debtor Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Misc used household goods & furnishings | \$900.00 | | \$900.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Used clothing fully depreciated Line from Schedule A/B: 11.1 | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(a) |
| Ello Holli Goriodalo 77D. TTT | | | 100% of fair market value, up to any applicable statutory limit | |

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Debtor 2 **Mary Jane Mortensen** Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Personal Funds** 735 ILCS 5/12-1001(b) \$100.00 \$100.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit Savings: Chase Bank - #8976 735 ILCS 5/12-1001(b) \$55.00 \$55.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Checking: Chase Bank - #0461 735 ILCS 5/12-1001(b) \$100.00 \$100.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit **Pension: USPS** 735 ILCS 5/12-704 \$89,300.00 \$89,300.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 2015 Fed Inc Tax Refund -735 ILCS 5/12-1001(b) \$2,000.00 \$1,845.00 anticipated Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Yes

Thomas C Mortensen

Debtor 1

| | | | Document | Page : | 19 of 58 | | |
|---------|--|--------------|--|----------------|-----------------------|-------------------------|---------------|
| Filli | in this information to ide | entify you | r case: | | | | |
| Deb | tor 1 Thomas | s C Morte | | Last Name | | _ | |
| D-1- | | | Middle Name | Last Name | | | |
| | tor 2 Mary Ja use if, filing) First Name | ane Morte | Middle Name | Last Name | | _ | |
| (Spot | ise ii, iiiiig) Fiist Name | | Middle Name | Last Name | | | |
| Unit | ed States Bankruptcy Cou | urt for the: | NORTHERN DISTRICT OF ILLI | INOIS | | _ | |
| Cas | e number | | | | | | |
| (if kno | own) | | | | | ☐ Check | if this is an |
| | | | | | | amend | led filing |
| | | | | | | | |
| Offi | icial Form 106D | | | | | | |
| Sc | hedule D: Cred | ditors | Who Have Claims S | Secure | ed by Propert | tv | 12/15 |
| | | | | | | • 3 | ,., |
| is nee | eded, copy the Additional P | | f two married people are filing togethe out, number the entries, and attach it t | | | | |
| | per (if known). | | | | | | |
| | any creditors have claims | • | , , , , | | | | |
| | No. Check this box and | d submit th | nis form to the court with your other | schedules. | You have nothing else | to report on this form. | |
| | Yes. Fill in all of the inf | formation b | pelow. | | | | |
| Dari | 1: List All Secured C | laime | | | | | |
| | | | | | . Column A | Column B | Column C |
| | | | nore than one secured claim, list the cre- a particular claim, list the other creditors | | tely | Value of collateral | Unsecured |
| | | | cal order according to the creditor's name | | Do not deduct the | that supports this | portion |
| | 1 | | | | value of collateral. | claim | If any |
| 2.1 | Midwest Community | у | Describe the property that coourse to | ha alaimi | \$221,124.00 | \$238,500.00 | \$0.00 |
| | Bank Creditor's Name | | Describe the property that secures the | | ΨΖΖ1,1Ζ4.00 | Ψ250,500.00 | Ψ0.00 |
| | Creditor's Ivame | | 5635 N. Major Avenue Chicag | go, IL | | | |
| | | | | | | | |
| | PO Box 689 | | As of the date you file, the claim is: (apply. | Check all that | | | |
| | Freeport, IL 61032 | | Contingent | | | | |
| | Number, Street, City, State & Zi | ip Code | ☐ Unliquidated | | | | |
| | | | ☐ Disputed | | | | |
| Who | owes the debt? Check on | ne. | Nature of lien. Check all that apply. | | | | |
| | ebtor 1 only | | ■ An agreement you made (such as n | nortgage or | secured | | |
| | ebtor 2 only | | car loan) | | | | |
| | Debtor 1 and Debtor 2 only | | ☐ Statutory lien (such as tax lien, med | chanic's lien) | | | |
| _ | at least one of the debtors and | d another | ☐ Judgment lien from a lawsuit | | | | |
| | Check if this claim relates to | | ☐ Other (including a right to offset) | | | | |
| | community debt | | | | | | |
| _ | | | | | _ | | |
| Date | debt was incurred | | Last 4 digits of account numb | er 2916 | <u> </u> | | |
| 2.2 | PNC Bank | | Describe the property that secures the | ha alaimi | ¢10 710 00 | ¢1.4.6.4E.00 | ¢4.072.00 |
| 2.2 | Creditor's Name | | 2013 Chevrolet Malibu LS | ne Ciaini. | \$18,718.00 | \$14,645.00 | \$4,073.00 |
| | Oreditor 3 Name | | 2013 Chevrolet Malibu LS | | | | |
| | PO Box 747066 | | | | | | |
| | Pittsburgh, PA | | As of the date you file, the claim is: | Check all that | 1 | | |
| | 15274-7066 | | apply. Contingent | | | | |
| | Number, Street, City, State & Zi | in Code | ☐ Unliquidated | | | | |
| | reamber, otreet, only, otate & Zi | ip code | ☐ Disputed | | | | |
| Who | owes the debt? Check on | ne. | Nature of lien. Check all that apply. | | | | |
| _ | Debtor 1 only | | ☐ An agreement you made (such as n | nortgage or | secured | | |
| _ | Debtor 2 only | | car loan) | gago or . | | | |
| _ | · | | Ctatutanulian (costs == t== 15 | shanial- II- N | | | |
| | Debtor 1 and Debtor 2 only at least one of the debtors and | d anath | Statutory lien (such as tax lien, med | manics lien) | | | |
| | | | Judgment lien from a lawsuit | Vehicle | a Loan | | |
| | Check if this claim relates to community debt | υa | Other (including a right to offset) | venicie | - LUAII | | |
| | , 4000 | | | | | | |
| Date | debt was incurred | | Last 4 digits of account numb | er 1969 | 9 | | |

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| Debtor 1 Thomas C Mortensen | | Case n | number (if know) | | |
|---|---|-----------------------|-----------------------|---------------------------|----------|
| First Name Middle N | ame Last Name | | _ | | |
| Debtor 2 Mary Jane Mortensen | | | | | |
| First Name Middle N | ame Last Name | | | | |
| 2.3 State Farm Bank | Describe the property that secures the | claim: | \$7,800.00 | \$10,000.00 | \$0.00 |
| Creditor's Name | 2012 Jeep Patriot 4D Sport Uti | ility | | | |
| POB 3299 | As of the date you file, the claim is: Ch. | eck all that | | | |
| Milwaukee, WI 53201-3299 | apply. Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | ☐ An agreement you made (such as mo car loan) | ortgage or secured | | | |
| ☐ Debtor 1 and Debtor 2 only ■ At least one of the debtors and another | ☐ Statutory lien (such as tax lien, mecha☐ Judgment lien from a lawsuit | anic's lien) | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | Vehicle Loan | | | |
| Date debt was incurred | Last 4 digits of account number | 0001 | | | |
| | | _ | | _ | |
| Add the dollar value of your entries in C | . • | r here: | \$247,642.00 | | |
| If this is the last page of your form, add Write that number here: | the dollar value totals from all pages. | | \$247,642.00 | | |
| Part 2: List Others to Be Notified fo | r a Debt That You Already Listed | | | | |
| Use this page only if you have others to b trying to collect from you for a debt you o than one creditor for any of the debts that debts in Part 1, do not fill out or submit the | we to someone else, list the creditor in I you listed in Part 1, list the additional c | Part 1, and then list | the collection agency | here. Similarly, if you h | ave more |
| Name Address -NONE- | On | which line in Pa | art 1 did you ente | er the creditor? | |
| | Las | t 4 digits of acc | count number | | |

| | | Document | Paue | ZI UI 30 | | | |
|--|--|--|--|--|--|---|---------------------------------------|
| Fill in | this information to identify your case: | | | | | | |
| Debto | THOMAS & MOTORISON | | | | | | |
| Dobto | | liddle Name | Last Name | | | | |
| Debto (Spous | mary carro mortoneon | fiddle Name | Last Name | | | | |
| 11.26. | d Otata Bardanata Orant for the NORT | | INIOIC | | | | |
| Unite | d States Bankruptcy Court for the: NORT | HERN DISTRICT OF ILL | INOIS | | | | |
| | number | | | | | | |
| (if know | vn) | | | | _ | Check if this is | |
| | | | | | ; | amended filing |) |
| Offic | cial Form 106E/F | | | | | | |
| | edule E/F: Creditors Who | Have Unsecu | red Cla | aims | | | 12/15 |
| eny exe Schedi Schedi eft. Att name a Part 1. | Do any creditors have priority unsecured clai No. Go to Part 2. Yes. List All of Your NONPRIORITY Unsecured No. You have nothing to report in this part. So Yes. List all of your nonpriority unsecured claims | Id result in a claim. Also lises (Official Form 106G). D Property. If more space is a have no information to reput the claims ms against you? cured Claims claims against you? ubmit this form to the court which is the court of the court | st executor o not include needed, cop port in a Par | y contracts on Schedule A/B: Ple any creditors with partially so by the Part you need, fill it out, nt, do not file that Part. On the to er schedules. | roperty (Office cured claim number the erop of any add | cial Form 106A/ s that are listed ntries in the boo litional pages, v | B) and on in in xes on the write your |
| | unsecured claim, list the creditor separately for e more than one creditor holds a particular claim, I Page of Part 2. | | | | | | |
| 4.1 | Advocate Lutheran General Hospital | Last 4 digits of accou | nt number | 1109 | | \$ | 234.12 |
| | Priority Creditor's Name POB 4249 | When was the debt in | curred? | | | | |
| | Carol Stream, IL 60197-4249 | | | | | | |
| | Number Street City State Zlp Code | As of the date you file | , the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | ■ Debtor 1 only | ū | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY | Y unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | |
| | Is the claim subject to offset? | Obligations arising on ot report as priority cla | | aration agreement or divorce that | you did | | |
| | ■ No | Debts to pension or | profit-sharin | g plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify | Medic | al Bill | | _ | |
| 4.2 | Advocate Lutheran General Hospital | Last 4 digits of accou | nt number | 0432 | | \$ | 648.00 |
| | Priority Creditor's Name 2701 High Point Drive #124 Lewisville, TX 75067 | When was the debt in | curred? | | | | |

Official Form 106 E/F

As of the date you file, the claim is: Check all that apply

Number Street City State Zlp Code

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|----------------|--|---|--|-----------|----------|
| Debto Debto | r 1 Thomas C Mortensen r 2 Mary Jane Mortensen | | Case number (if know) | | |
| | Who incurred the debt? Check one. ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY | unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | Obligations arising ou | at of a separation agreement or divorce that you did | d | |
| | ■ No | _ ' ' ' | rofit-sharing plans, and other similar debts | | |
| | Yes | Other. Specify | Medical Bill | | |
| 4.3 | Capital One Bank | Last 4 digits of account | number | \$ | 992.00 |
| | Priority Creditor's Name PO Box 71087 Charlotte, NC 28272-1087 | When was the debt inco | urred? | | |
| | Number Street City State Zlp Code | As of the date you file, | the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY | unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | ☐ Obligations arising ou not report as priority clair | at of a separation agreement or divorce that you did | d | |
| | ■ No | ☐ Debts to pension or p | rofit-sharing plans, and other similar debts | | |
| | Yes | Other. Specify | Credit card purchases | | |
| 1.4 | Capital Retail Services - Menards | Last 4 digits of account | number 0846 | \$ | 4,901.00 |
| | Priority Creditor's Name PO Box 71106 Charlotte, NC 28272 | When was the debt inco | urred? | | |
| | Number Street City State Zlp Code | As of the date you file, | the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY | unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | Obligations arising ou | nt of a separation agreement or divorce that you did | d | |
| | No | Debts to pension or p | rofit-sharing plans, and other similar debts | | |
| | Yes | Other. Specify | Credit card purchases | | |
| 1.5 | Chase | Last 4 digits of account | number 1881 | \$ | 6,736.00 |
| | Priority Creditor's Name | | | | |

PO Box 15153

Wilmington, DE 19886-5153 Number Street City State Zlp Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

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| Debtor 2 | Thomas C Mortensen Mary Jane Mortensen | Ca | ise number (if know) | | |
|----------|---|---|-----------------------------------|----|----------|
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | _ | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim | 1: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation not report as priority claims | agreement or divorce that you did | | |
| | ■ No | ☐ Debts to pension or profit-sharing plan | s, and other similar debts | | |
| | Yes | Other. Specify Credit card | l purchases | _ | |
| 4.6 | Chase | Last 4 digits of account number 648 | 31 | \$ | 3,115.00 |
| | Priority Creditor's Name PO Box 15153 Wilmington, DE 19886-5153 | When was the debt incurred? | | | |
| - | Number Street City State Zlp Code | As of the date you file, the claim is: Che | eck all that apply | | |
| | Who incurred the debt? Check one. ☐ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim | 1: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation not report as priority claims | agreement or divorce that you did | | |
| | ■ No | ☐ Debts to pension or profit-sharing plan | s, and other similar debts | | |
| | Yes | Other. Specify Credit card | l purchases | | |
| 4.7 | Chase | Last 4 digits of account number 706 | | \$ | 8,087.00 |
| | Priority Creditor's Name PO Box 15153 Wilmington, DE 19886-5153 | When was the debt incurred? | | | |
| - | Number Street City State Zlp Code | As of the date you file, the claim is: Che | eck all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | _ | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim | 1: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation not report as priority claims | agreement or divorce that you did | | |
| | ■ No | ☐ Debts to pension or profit-sharing plan | s, and other similar debts | | |
| | Yes | Other. Specify Credit card | l purchases | | |
| 4.8 | Chase | Last 4 digits of account number 639 |)4 | \$ | 3,800.00 |
| | Priority Creditor's Name PO Box 15153 Wilmington, DF 19886-5153 | When was the debt incurred? | | | |

Entered 12/30/15 22:33:09 Case 15-43702 Doc 1 Filed 12/30/15 Desc Main Page 24 of 58 Document Debtor 1 Thomas C Mortensen Debtor 2 Mary Jane Mortensen Case number (if know) Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Credit card purchases Other. Specify 4.9 17.444.00 Discover 8210 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? PO Box 30954 Salt Lake City, UT 84130-0954 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated ■ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Personal Loan** Other. Specify 4.1 3.414.00 **Home Depot Credit Services** 5947 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? **Processing Center** Des Moines, IA 50364-0500 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Debtor 2 only ■ Unliquidated ☐ Disputed ■ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Credit card purchases Other. Specify

4.1 1

IICar-Integrated Imaging

Consitnts
Priority Creditor's Name

Last 4 digits of account number

1565

49.96

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| | 1 Thomas C Mortensen 2 Mary Jane Mortensen | Case number (if know) | | |
|-----|---|---|----|--------|
| | POB 95040 | When was the debt incurred? | | |
| | Chicago, IL 60694-5040 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | ☐ Unliquidated | | |
| | Debtor 2 only | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community | | | |
| | debt | ☐ Student loans | | |
| | Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | ■ Other. Specify Medical Bill | _ | |
| 4.1 | Lowes | Last 4 digits of account number 5658 | \$ | 200.00 |
| | Priority Creditor's Name PO Box 530914 Atlanta, GA 30353 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ☐ Debtor 1 only | - Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | ■ Other. Specify Credit card purchases | _ | |
| 4.1 | Lucrecia Juarez and Rocio Cazares | Last 4 digits of account number 5836 | \$ | 0.00 |
| | Priority Creditor's Name | Last 4 digits of account number | Ψ | |
| | c/o Bellas and Wachowski 15 Northwest Highway | When was the debt incurred? | | |
| | Park Ridge, IL 60068 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | _ | | |
| | Debtor 2 only | Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ■ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| | □Yes | ■ Other. Specify Pending lawsuit - contract action | | |

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| ebtor 2 Mary Jane Mortensen | Case number (if know) | | |
|--|---|----|-------|
| Northwest Infectious Disease | Last 4 digits of account number | \$ | 414.5 |
| Priority Creditor's Name 7900 N. MIIwaukee #231 Niles. IL 60714-3247 | When was the debt incurred? | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| ■ _{No} | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | | |
| Yes | ■ Other. Specify Medical Bill | | |
| Orthofix | Last 4 digits of account number 5811 | \$ | 300.0 |
| Priority Creditor's Name POB 849806 | When was the debt incurred? | Ψ | |
| Dallas, TX 75284-9806 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | | |
| Yes | Other. Specify Medical Bill | | |
| Presence Resurrection Medical | 4404 | | F0.0 |
| Cntr Priority Creditor's Name | Last 4 digits of account number 1484 | \$ | 52.0 |
| 621 17th Street Suite 1800 Denver, CO 80293 | When was the debt incurred? | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |

| Case number (# know) Case number (# know) | | |
|--|-------|--------|
| Debtor 2 Mary Jane Mortensen | \$9 | 975.00 |
| Debtor 2 Mary Jane Mortensen Case number (# know) | | |
| Debtor 2 Mary Jane Mortensen Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Disputed Type of NONPRIORITY unsecured claim: Debtor 3 separation agreement or divorce that you die not report as priority claims Debtor 3 and Debtor 2 only Debtor 4 sala 1 state 2 columbus, OH 43218-3018 Columbus, OH 43218-3018 Columbus, OH 43218-3018 Columbus Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Columbus Debtor 1 and Debtor 2 only At least one of the debtors and another Po Box 183018 Columbus Debtor 3 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Columbus Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 2 only Debtor 3 spriority claims Debtor 4 specific Mare Po Box 33025 Columbus, GA 31902 Number Street City State 2 pc Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 conly Debtor 1 only Debtor 1 and Debtor 2 conly Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only | | |
| Debtor 2 Mary Jane Mortensen | | |
| Debtor 2 Mary Jane Mortensen Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? Debtor 3 Name Po Box 183018 Columbus, Oh 43218-3018 Number Street City State Zip Code Who incurred the debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 4 only Collidors Name Po Box 23025 Columbus, OA 31902 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debto | | |
| Debtor 2 Mary Jane Mortensen | | |
| Monitor Mary Jane Mortensen | | |
| Debtor 2 Mary Jane Mortensen Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 community debt Is the claim subject to offset? Debtor 1 and Debtor 2 only Debtor 2 Debtor 3 part of a separation agreement or divorce that you did not report as priority claims Debtor 3 part of a separation agreement or divorce that you did not report as priority claims Debtor 3 part of a separation agreement or divorce that you did not report as priority claims Debtor 3 part of a separation agreement or divorce that you did not report as priority claims Debtor 3 part of a separation agreement or divorce that you did not report as priority claims Debtor 4 part of 1 | | |
| Debtor 2 Mary Jane Mortensen Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Shell Priority Creditor's Name PO Box 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 and 3 a | | |
| Debtor 2 Mary Jane Mortensen Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Shell Priority Creditor's Name PO Box 133018 Columbus, OH 43218-3018 Number Street City State 2Ip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and | | |
| Debtor 2 Mary Jane Mortensen Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? Po Box 183018 Columbus, OH 43218-3018 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 3 debt 2 only Debtor 4 only Debtor 5 debt 6 debtors and another Debtor 6 NoNPRIORITY unsecured claim: Debtor 6 NoNPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts Medical Bill When was the debt incurred? Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 3 debt 6 debtors and another Check if this claim is for a community debt Debtor 5 debt 6 debtors and another Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Shell Priority Creditor's Name PO Box 183018 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Columbus, OH 43218-3018 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Street City State Zip Code Street City State Zip Code Who incurred the debtors and another Debtor 1 only Street City State Zip Code Street City State Zip Co | \$8,3 | 376.00 |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Disputed Dispu | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another ls the claim subject to offset? Shell Priority Creditor's Name PO Box 183018 Columbus, OH 43218-3018 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Disputed Type of NONPRIORITY unsecured claim: Disputed Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Unliquidated Shell Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Student loans Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts No Debts to pension or profit-sharing plans, and other similar debts As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community Student loans Case number (if know) Contingent Contingent Contingent Contingent Contingent Type of NONPRIORITY unsecured claim: Contingent Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Student loans | | |
| Debtor 2 Mary Jane Mortensen Case number (if know) | | |
| Medical Bill Shell Case number (if know) | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Shell Priority Creditor's Name PO Box 183018 Columbus, OH 43218-3018 Number Street City State Zlp Code Who incurred the debt? Check one. Debts to pension Case number (if know) Contingent | | |
| Mary Jane Mortensen Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Check if this claim is for a community debt Is the claim subject to offset? Medical Bill At least 4 digits of account number Po Box 183018 Columbus, OH 43218-3018 Number Street City State Zlp Code Who incurred the debt? Check one. Contingent Contingent Case number (if know) Contingent Contingent Case number (if know) | | |
| Mho incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 offset? Check if this claim is for a community debt Debtor 2 only Check if this claim is for a community debt Debtor 3 offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill A.1 Priority Creditor's Name PO Box 183018 Columbus, OH 43218-3018 When was the debt incurred? When was the debt incurred? | | |
| Mho incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 6 the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 offset? Check if this claim is for a community debt Debtor 2 only Check if this claim is for a community debt Debtor 3 offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill A.1 Priority Creditor's Name PO Box 183018 When was the debt incurred? | | |
| Mary Jane Mortensen Case number (if know) Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts At 1 Shell Last 4 digits of account number 1431 | | |
| Mary Jane Mortensen Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts | \$9 | 909.00 |
| Debtor 2 Mary Jane Mortensen Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Case number (if know) Case number (if know) Contingent Debtor 1 Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| Debtor 2 Mary Jane Mortensen Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Case number (if know) Case number (if know) Contingent Debtor 1 Disputed Type of NONPRIORITY unsecured claim: Student loans | | |
| Debtor 2 Mary Jane Mortensen Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community Case number (if know) Case number (if know) Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans | | |
| Debtor 2 Mary Jane Mortensen Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 4 and Debtor 2 only | | |
| Debtor 2 Mary Jane Mortensen Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Unliquidated | | |
| Debtor 2 Mary Jane Mortensen Who incurred the debt? Check one. Debtor 1 only Case number (if know) | | |
| Debtor 2 Mary Jane Mortensen Case number (if know) Who incurred the debt? Check one. | | |
| Debtor 2 Mary Jane Mortensen Case number (if know) | | |
| | | |
| Document Page 27 of 58 | | |

Orlando, FL 32896-5003

Case 15-43702 Doc 1 Filed 12/30/15 Entered 12/30/15 22:33:09 Desc Main Page 28 of 58 Document Debtor 1 Thomas C Mortensen Debtor 2 Mary Jane Mortensen Case number (if know) As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated ■ Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Credit card purchases Other. Specify 4.2 3,439.00 Walmart 1040 Last 4 digits of account number 0 Priority Creditor's Name When was the debt incurred? PO Box 960024 Orlando, FL 32896-0024 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated ■ Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Credit card purchases Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page Name Address On which entry in Part 1 or Part2 did you list the original creditor? -NONE-Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claim Domestic support obligations** 6a. 6a. 0.00 Total claims Taxes and certain other debts you owe the government 6b. 0.00 from Part 1 6b. Claims for death or personal injury while you were intoxicated 6c. 0.00 6c. Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total. Add lines 6a through 6d. 6e

0.00

Total Claim

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Debtor 1 Thomas C Mortensen Debtor 2 Mary Jane Mortensen Case number (if know) Student loans 6f. 0.00 Total claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts from Part 2 0.00 6g. 0.00 6h. 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 64,086.67 Total. Add lines 6f through 6i. 6j. 6j. 64,086.67

| | | Docume | T duc 30 01 30 | |
|---|-------------------------|-------------------|----------------|-----------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Thomas C Morte | nsen | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Mary Jane Morte | nsen | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | |
| (II KNOWN) | | | | ☐ Check if this is amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | <u> </u> |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | City | | State | ZIP Code | |
| 2.0 | Name | | | | <u> </u> |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | Oity | | Otate | Zii Gode | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.5 | City | | State | ZIF Code | |
| 0 | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |

| | | Document | Page 31 of | 58 | |
|------------------------------|---|--|-----------------------|--|--|
| Fill in this | information to identify your case | : | | | |
| Debtor 1 | Thomas C Mortensen | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fili | Mary Jane Mortenser First Name | Middle Name | Last Name | | |
| | | | | | |
| United Sta | tes Bankruptcy Court for the: NC | ORTHERN DISTRICT OF IL | LINOIS | | |
| Case num | ber | | | | _ 0 |
| (if known) | | | | | Check if this is an amended filing |
| | | | | | |
| Officia | l Form 106H | | | | |
| Sched | lule H: Your Codeb | tors | | | 12/15 |
| | | | | | |
| people are fill it out, a | are people or entities who are als filing together, both are equally and number the entries in the boxe and case number (if known). Ans | esponsible for supplying es on the left. Attach the A | correct information | n. If more space is | needed, copy the Additional Page, |
| 1. Do | you have any codebtors? (If you a | re filing a joint case, do not | list either spouse as | a codebtor. | |
| □ No | | | | | |
| ■ Yes | S | | | | |
| 0.140 | hin the least 0 are an house are live | | | (0 | de la facta de la constitución de la facta de |
| | hin the last 8 years, have you live a, California, Idaho, Louisiana, Nev | | | | |
| ■ No. | Go to line 3. | | | | |
| ☐ Yes | s. Did your spouse, former spouse, o | or legal equivalent live with | you at the time? | | |
| in line Form | 2 again as a codebtor only if tha | person is a guarantor or | cosigner. Make sui | re you have listed t | ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fil |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZIP Cod | е | | Column 2: The cr Check all schedu | reditor to whom you owe the debt les that apply: |
| | Michelle Mortensen 5635 N. Major Avenue Chicago, IL 60646 | | | ■ Schedule D, □ Schedule E/F □ Schedule G _ State Farm Bar | F, line |

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| Fill in this informa | ation to identify your case: | |
|---------------------------------|---|---|
| Debtor 1 | Thomas C Mortensen | |
| Debtor 2 (Spouse, if filing) | Mary Jane Mortensen | |
| United States Bar | nkruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | |
| Case number (If known) | | Check if this is: An amended filing A supplement showing postpetition chapter |
| Official Fo | orm 106l e I: Your Income | 13 income as of the following date: MM / DD/ YYYY 12/15 |

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | Describe Employment | | | |
|-----|---|----------------------|---|-------------------------------|
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
| | If you have more than one job, | Employment status | ■ Employed | ☐ Employed |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ■ Not employed |
| | employers. | Occupation | Postal employee | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | USPS | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 707 Osterman Drive Deerfield, IL 60015 | |
| | | How long employed th | ere? 35 years | |
| Par | t 2: Give Details About Mon | thly Income | | |

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

2. \$ 5,223.73 \$ 0.00
3. +\$ 0.00 +\$ 0.00
4. \$ 5,223.73 \$ 0.00

For Debtor 2 or

For Debtor 1

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| Debtor 1 Debtor 2 | Thomas C Mortensen Mary Jane Mortensen | _ | Case | number (if known) | | | |
|----------------------|---|------------------|-----------|-------------------|----------|---------------------------|----------|
| | | | For | Debtor 1 | | Debtor 2 or filing spouse | |
| Co | py line 4 here | 4. | \$ | 5,223.73 | \$ | 0.00 | |
| 5. Lis | st all payroll deductions: | | | | | | |
| 5a | Tax, Medicare, and Social Security deductions | 5a. | \$ | 1,253.31 | \$ | 0.00 | |
| 5b | Mandatory contributions for retirement plans | 5b. | \$ | 345.89 | \$ | 0.00 | |
| 5c | Voluntary contributions for retirement plans | 5c. | \$ | 437.10 | \$ | 0.00 | |
| 5d | . Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | 0.00 | |
| 5e | . Insurance | 5e. | \$ | 751.99 | \$ | 0.00 | |
| 5f. | • | 5f. | \$_ | 0.00 | \$ | 0.00 | |
| 5g | | 5g. | \$_ | 0.00 | \$ | 0.00 | |
| 5h | Other deductions. Specify: | 5h. - | + \$_ | 0.00 | + \$ | 0.00 | |
| 6. A d | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 2,788.29 | \$ | 0.00 | |
| 7. C a | Iculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 2,435.44 | \$ | 0.00 | |
| 8. Lis 8a | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 8a. | \$ | 0.00 | ¢ | 0.00 | |
| 8b | monthly net income. Interest and dividends | 8b. | -\$ - | 0.00 | \$ | 0.00 | |
| 8c | | | \$ \$ | 0.00 | \$ \$ | 0.00 | |
| 8d | . Unemployment compensation | 8d. | \$ | 0.00 | \$ | 0.00 | |
| 8e | Social Security | 8e. | \$ | 0.00 | \$ | 0.00 | |
| 8f. 8g | Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security Disability | ce 8f. 8g. | \$_ \$ | 0.00 | \$ | 1,980.00 | |
| 8h | | 8h | · - | | + \$ | 0.00 | |
| | ld all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | 1,980.00 | |
| 10 00 | Jaulate monthly income Add line 7 + line 0 | 10 6 | | 2.425.44 | 4.0 | 00.00 | 4 445 44 |
| | Ilculate monthly income. Add line 7 + line 9. Id the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 2,435.44 + \$_ | 1,9 | 80.00 = \$ | 4,415.44 |
| 11. Sta | ate all other regular contributions to the expenses that you list in Schedul clude contributions from an unmarried partner, members of your household, you her friends or relatives. In not include any amounts already included in lines 2-10 or amounts that are no ecify: | ur deper | | | | chedule J. 11. +\$ | 0.00 |
| Wı | Id the amount in the last column of line 10 to the amount in line 11. The relite that amount on the Summary of Schedules and Statistical Summary of Central Polices | | | | | Combine | |
| 13. D o | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | m? | | | | monthly | income |

| Fill in | n this informa | ation to identify yo | our case: | | | | | |
|---------------|---|--|-------------------------------------|--|--|-----------------------------|---|-------------------------------|
| Debte | or 1 | Thomas C M | ortenser | ı | | Chec | k if this is: | |
| Debte | or 2 | Many Jana M | lortonooi | • | | _ | An amended filing | wing postpetition chapter |
| | use, if filing) | Mary Jane M | ioi terisei | 1 | | | | the following date: |
| Unite | ed States Bank | ruptcy Court for the | : NORTH | HERN DISTRICT OF ILLING | OIS | _ | MM / DD / YYYY | |
| | e numbe r nown) | | | | | | | |
| Of | ficial Fo | rm 106J | | | | | | |
| | | J: Your I | Evnor | 1606 | | | | 12/15 |
| Be a informum | as complete rmation. If m nber (if know | and accurate as nore space is nearn). Answer ever | possible eded, atta y questio | . If two married people are | e filing together, bo form. On the top of | oth are equa any additio | illy responsible fonds and pages, write y | or supplying correct |
| Part 1. | 1: Desc | ribe Your House nt case? | hold | | | | | |
| •• | □ No. Go to | | | | | | | |
| | Yes. Doe | es Debtor 2 live i | in a separ | ate household? | | | | |
| | ■ N | | st file Offic | ial Form 106J-2, <i>Expenses</i> | for Separate House | ehold of Debt | or 2. | |
| 2. | Do you hav | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | | | | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| 3. | Do vour exi | penses include | _ | La | | | | ☐ Yes |
| O. | expenses of | of people other the digital of the d | han _ | No I Yes | | | | |
| | | | | | | | | |
| expe | mate your ex | | our bankr | ly Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the v | | h assistance and | | government assistance if cluded it on <i>Schedule I:</i> Y | | | Your exp | enses |
| 4. | | or home owners | | nses for your residence. In or lot. | nclude first mortgage | 4. \$ | | 1,454.29 |
| | If not include | ded in line 4: | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. \$ | | 0.00 |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. \$ | | 0.00 |
| | | | | upkeep expenses | | 4c. \$ | | 0.00 |
| 5. | | owner's associat | | dominium dues our residence, such as hoi | me equity loans | 4d. \$ 5. \$ | | 0.00 |

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| Debtor 1 Debtor 2 | Thomas C Mortensen Mary Jane Mortensen | | Case number (if known) | | | |
|------------------------|---|--------------|------------------------|----------------------------|--|--|
| | mary vario morteriorii | acc mulli | | | | |
| Utili | | • | • | | | |
| 6a. | Electricity, heat, natural gas | 6a. | · | 350.00 | | |
| 6b. | Water, sewer, garbage collection | 6b. | · - | 100.00 | | |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | · <u> </u> | 300.00 | | |
| 6d. | Other. Specify: | _ 6d. | | 0.00 | | |
| | d and housekeeping supplies | 7. | | 750.00 | | |
| _ | dcare and children's education costs | 8. | \$ | 0.00 | | |
| | hing, laundry, and dry cleaning | 9. | · · | 150.00 | | |
| | sonal care products and services | 10. | · · | 75.00 | | |
| | ical and dental expenses | 11. | \$ | 50.00 | | |
| | sportation. Include gas, maintenance, bus or train fare. ot include car payments. | 12. | \$ | 375.00 | | |
| 3. Ente | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 | | |
| . Cha | ritable contributions and religious donations | 14. | \$ | 0.00 | | |
| . Insu | | | | | | |
| | ot include insurance deducted from your pay or included in lines 4 or 20. | | _ | | | |
| | Life insurance | 15a. | | 66.00 | | |
| | Health insurance | 15b. | | 0.00 | | |
| | Vehicle insurance | 15c. | · | 205.00 | | |
| | Other insurance. Specify: | 15d. | \$ | 0.00 | | |
| i. Tax i Spe | es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: | 16. | \$ | 0.00 | | |
| | allment or lease payments: | 170 | ¢. | 050.00 | | |
| | Car payments for Vehicle 1 | 17a. | * | 356.96 | | |
| | Car payments for Vehicle 2 | 17b. | · | 0.00 | | |
| | Other. Specify: | 17c. | · · | 0.00 | | |
| | Other. Specify: | 17d. | > | 0.00 | | |
| | r payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 | | |
| | er payments you make to support others who do not live with you. | | \$ | 0.00 | | |
| Spe | | 19. | · | 0.00 | | |
| | er real property expenses not included in lines 4 or 5 of this form or on Sched | | | | | |
| 20a. | Mortgages on other property | 20a. | | 0.00 | | |
| 20b. | Real estate taxes | 20b. | | 0.00 | | |
| | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 | | |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 | | |
| 20e. | Homeowner's association or condominium dues | 20e. | \$ | 0.00 | | |
| . Oth | er: Specify: Miscellaneous | 21. | +\$ | 50.00 | | |
| Ηοι | sekeeping supplies | | +\$ | 50.00 | | |
| . Calc | ulate your monthly expenses | | | | | |
| | Add lines 4 through 21. | | \$ | 4,332.25 | | |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | , | | |
| | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 4,332.25 | | |
| 3. Calo | ulate your monthly net income. | | | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 4,415.44 | | |
| | Copy your monthly expenses from line 22c above. | 23a. 23b. | · | 4,332.25 | | |
| 200. | Copy your monuny expenses from the 220 above. | ۷۵۵. | Ψ | 4,332.23 | | |
| 23c. | Subtract your monthly expenses from your monthly income. | | • | 02 40 | | |
| | The result is your monthly net income. | 23c. | \$ | 83.19 | | |
| For e | rou expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect your nation to the terms of your mortgage? | | | e or decrease because of a | | |
| | 0. | | | | | |
| | es. Explain here: | | | | | |

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| In re | Thomas C Mortensen Mary Jane Mortensen | | Case No. | |
|-------|---|-----------|----------|--|
| | | Debtor(s) | | |

SCHEDULE J - YOUR EXPENSES Attachment A

Residing with the Debtors are the following:

Son 27

Daughter 29

| Fill in this | s information to identify your case: | | | | | | |
|------------------|---|---|---|--|--|--|--|
| Debtor 1 | Thomas C Mortensen | | | | | | |
| | First Name Middle Name | Last Name | | | | | |
| Debtor 2 | Mary Jane Mortensen | | | | | | |
| (Spouse if, fili | ing) First Name Middle Name | Last Name | | | | | |
| United Sta | ates Bankruptcy Court for the: NORTHERN D | STRICT OF ILLINOIS | | | | | |
| Case num | ber | | | | | | |
| (if known) | | | ☐ Check if this is an | | | | |
| | | | amended filing | | | | |
| | | | | | | | |
| | | | | | | | |
| Official | Form 106Dec | | | | | | |
| Decla | aration About an Individ | lual Debtor's Sche | dules 12/15 | | | | |
| | | 20.01.2 | | | | | |
| If two mar | ried people are filing together, both are equall | responsible for supplying correct in | nformation. | | | | |
| | | | | | | | |
| | file this form whenever you file bankruptcy so | | | | | | |
| | money or property by fraud in connection with both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | a bankruptcy case can result in fine | s up to \$250,000, or imprisonment for up to 20 | | | | |
| , ou. o, o | 70 mm 10 010101 gg 102, 10 m, 10 m, and 00 m | | | | | | |
| | _ | | | | | | |
| | Sign Below | | | | | | |
| | | | | | | | |
| Did v | you pay or agree to pay someone who is NOT | an attorney to help you fill out bankri | uptcy forms? | | | | |
| , | , ou pu, or agree to pu, comeone into io ite. | a , , | , pro-, re-, me . | | | | |
| | No | | | | | | |
| _ | V N | A., | | | | | |
| Ш | Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | | | |
| | | and Sign | ature (Official Form 119). | | | | |
| | | | | | | | |
| | r penalty of perjury, I declare that I have read | he summary and schedules filed witl | n this declaration and | | | | |
| that th | hey are true and correct. | | | | | | |
| X /s | s/ Thomas C Mortensen | X /s/ Mary Jane N | lortensen | | | | |
| | Thomas C Mortensen | Mary Jane Mor | | | | | |
| S | Signature of Debtor 1 | Signature of Debte | | | | | |
| | | | | | | | |

Date December 30, 2015

Date December 30, 2015

| Fil | in this inform | nation to identify you | r case: | | | | | | |
|-------------------|-------------------------------|---|---------------------------|----------------------------|--------------|-------------------------------------|--|------------|---|
| | btor 1 | Thomas C Morte | | | | | | | |
| | | First Name | Middle | Name | La | st Name | | | |
| | btor 2 ouse if, filing) | Mary Jane Morte | ensen Middle | Name | I s | st Name | | | |
| ` ' | | | | | | | | | |
| Un | ited States Bar | kruptcy Court for the: | NORTHER | RN DISTRICT C |)F ILLING | DIS | | | |
| | se number | | | _ | | | | _ | neck if this is an nended filing |
| | ficial For | rm 107 of Financial | Affairs f | or Individ | duals | Filing for E | Bankruptcy | | 12/1: |
| info nur | ormation. If mender (if known | nd accurate as possi ore space is needed,)). Answer every ques etails About Your Ma | attach a sepa | arate sheet to | this form | . On the top of an | | | |
| 1. | | current marital statu | | | | | | | |
| | ■ Married □ Not mar | ried | | | | | | | |
| 2. | During the la | ıst 3 years, have you | lived anywhe | ere other than v | where yo | u live now? | | | |
| | ■ No | • • • | • | | • | | | | |
| | _ | t all of the places you I | ived in the las | t 3 years. Do no | ot include | where you live nov | ٧. | | |
| | Debtor 1 Pri | or Address: | | ates Debtor 1 ved there | | Debtor 2 Prior A | ddress: | | Dates Debtor 2 lived there |
| 3. stat | | st 8 years, did you ev es include Arizona, Ca | | | | | | | ? (Community property isconsin.) |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Scl</i> | nedule H: You | r Codebtors (Of | fficial Fori | n 106H). | | | |
| D- | m O Fumloi: | , the Courses of Vou | | ` | | , | | | |
| Pa | rt 2 Explain | n the Sources of You | r income | | | | | | |
| 4. | Fill in the tota | e any income from en I amount of income yo g a joint case and you | u received fro | m all jobs and a | all busine: | sses, including par | t-time activities. | ous calend | dar years? |
| | □ No ■ Yes. Fill | in the details. | | | | | | | |
| | | | Debtor 1 | | | | Debtor 2 | | |
| | | | Sources of Check all that | | | income e deductions and ions) | Sources of incon Check all that app | | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, co | ommissions, | | \$66,282.00 | ☐ Wages, commi | ssions, | \$0.00 |
| | | | ☐ Operating | | | | Operating a bu | siness | |

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Debtor 1 **Thomas C Mortensen** Debtor 2 **Mary Jane Mortensen** Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$64,261.00 \$0.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2014) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$70,300.00 \$0.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2013) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. ☐ No Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below.. (before deductions and Describe below. (before deductions exclusions) and exclusions) From January 1 of current year until \$0.00 **Social Security** \$23,256.00 the date you filed for bankruptcy: Disabilty For last calendar year: \$0.00 **Social Security** \$22.860.00 (January 1 to December 31, 2014) Disabilty For the calendar year before that: \$0.00 **Social Security** \$22,524.00 (January 1 to December 31, 2013) Disabilty List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more? \square No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for ... still owe paid

Entered 12/30/15 22:33:09 Case 15-43702 Doc 1 Filed 12/30/15 Desc Main Page 40 of 58 Document Debtor 1 **Thomas C Mortensen** Debtor 2 **Mary Jane Mortensen** Case number (if known) Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο ☐ Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. ☐ Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Value of the Date property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Nο Yes List Certain Gifts and Contributions

Person to Whom You Gave the Gift and Address:

Official Form 107

per person

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

Describe the gifts

page 3

Value

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600

Dates you gave

the gifts

Entered 12/30/15 22:33:09 Case 15-43702 Doc 1 Filed 12/30/15 Desc Main Document Page 41 of 58 Debtor 1 **Thomas C Mortensen** Debtor 2 Mary Jane Mortensen Case number (if known) 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You 11/25/2015 \$1,800.00 Joseph Wrobel, Ltd 111 W. Washington **Suite 1051** Chicago, IL 60602 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο П Yes. Fill in the details Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details. Person Who Received Transfer Date transfer was Description and value of Describe any property or **Address** property transferred payments received or debts made paid in exchange

Person's relationship to you

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Debtor 1 Thomas C Mortensen
Debtor 2 Mary Jane Mortensen

Case number (if known)

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) | | | | | | | | |
|-----|--|---|---|-------------|--------------------------------|-----------------------------------|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of trust | Description and v | alue of the pro | perty trans | ferred | Date Transfer was made | | | |
| Pa | rt 8: List of Certain Financial Accounts, Instr | ruments, Safe Deposit | Boxes, and St | orage Unit | s | | | | |
| 20. | Within 1 year before you filed for bankruptcy, | were any financial ac | counts or instr | uments he | ld in your name, or for yo | ur benefit, closed, | | | |
| | sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution and | Last 4 digits of account number | • | | Date account was closed, sold, | Last balance before closing or | | | |
| | Coue | | | | moved, or transferred | transfer | | | |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ear before you filed for | bankruptcy, ar | ny safe dep | oosit box or other deposit | ory for securities, | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? | | | |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 | year befor | e you filed for bankrupto | y | | | |
| | No | | | | | | | | |
| | Yes. Fill in the details. | Who else has or h | and accors | Doscribo | the contents | Do you still | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | to it? Address (Number, S State and ZIP Code) | | Describe | the contents | have it? | | | |
| Pa | rt 9: Identify Property You Hold or Control fo | or Someone Else | | | | | | | |
| 23. | | | ıde any proper | ty you borr | rowed from, are storing fo | or, or hold in trust fo | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value | | | |
| Pa | rt 10: Give Details About Environmental Infor | | | | | | | | |
| For | the purpose of Part 10, the following definition | ns apply: | | | | | | | |
| | Environmental law means any federal, state, of toxic substances, wastes, or material into the regulations controlling the cleanup of these s | air, land, soil, surface | e water, ground | | | | | | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including dispos | as defined under any e | | aw, wheth | er you now own, operate, | or utilize it or used | | | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | | | |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Thomas C Mortensen
Debtor 2 Mary Jane Mortensen

Case number (if known)

| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental | | | | | ntal law? | | | | |
|---|--|--|--------|--|--------------------|--|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State a ZIP Code) | and | Environmental law, if you know it | Date of notice | | | | |
| 25. Have you notified any governmental unit of any release of hazardous material? | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State a ZIP Code) | and | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or administ | trative proceeding under any en | viron | mental law? Include settlements ar | nd orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ature of the case | Status of the case | | | | |
| Par | 11: Give Details About Your Business or Conn | nections to Any Business | | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, d | id you own a business or have a | any of | f the following connections to any | business? | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | |
| | ■ No. None of the above applies. Go to Part 12. | | | | | | | | |
| | Yes. Check all that apply above and fill in th | e details below for each busine | SS. | | | | | | |
| | | scribe the nature of the business | S | Employer Identification number | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | ne of accountant or bookkeeper | | Do not include Social Security n Dates business existed | lumber or IIIN. | | | | |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | | | | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | e Issued | | | | | | | |
| | | | | | | | | | |

Entered 12/30/15 22:33:09 Case 15-43702 Doc 1 Filed 12/30/15 Desc Main Document Page 44 of 58 Debtor 1 **Thomas C Mortensen Mary Jane Mortensen** Case number (if known) Debtor 2 Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Thomas C Mortensen /s/ Mary Jane Mortensen Thomas C Mortensen Mary Jane Mortensen Signature of Debtor 1 Signature of Debtor 2 Date December 30, 2015 **December 30, 2015** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

☐ Yes

■ No

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| Fill in this infor | mation to identify your | case: | | |
|------------------------------|---|---|--|--|
| Debtor 1 | Thomas C Morter | nsen | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | Mary Jane Morter First Name | Niddle Name | Last Name | |
| | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DIS | TRICT OF ILLINOIS | |
| Case number (if known) | | | | Check if this is an amended filing |
| | nt of Intentio | | viduals Filing Under Chapt | t er 7 12/15 |
| | ividual filing under cha | - | ll out this form if: | |
| you have least | ever is earlier, unless th | nd the lease has n ithin 30 days after | ot expired. you file your bankruptcy petition or by the date s e time for cause. You must also send copies to t | |
| | eople are filing togethened at the form. | r in a joint case, bo | oth are equally responsible for supplying correct | information. Both debtors must |
| | and accurate as possib our name and case nur | | s needed, attach a separate sheet to this form. Or | n the top of any additional pages, |
| Part 1: List Y | our Creditors Who Hav | e Secured Claims | | |
| | tors that you listed in Pa | | c: Creditors Who Have Claims Secured by Proper | ty (Official Form 106D), fill in the |
| | editor and the property t | hat is collateral | What do you intend to do with the property the secures a debt? | at Did you claim the property as exempt on Schedule C? |
| | | | | |
| | Midwest Community | Bank | ☐ Surrender the property. | □ No |
| name: | | | ☐ Retain the property and redeem it.☐ Retain the property and enter into a | ■ Yes |
| Description of | | | Reaffirmation Agreement. | |
| property securing debt | IL 60646 Cook Co | unty | ■ Retain the property and [explain]: Retain property; continue payments | _ |
| Creditor's F | PNC Bank | | ☐ Surrender the property. | □ No |
| name: | | | ☐ Retain the property and redeem it. | _ |
| Description of | 2013 Chevrolet Ma | libu LS | Retain the property and enter into a | Yes |
| property securing debt | : | | Reaffirmation Agreement. □ Retain the property and [explain]: | _ |
| Creditor's S | State Farm Bank | | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of property | 2012 Jeep Patriot Utility | 4D Sport | Retain the property and enter into a Reaffirmation Agreement.Retain the property and [explain]: | ■ Yes |
| | | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| B8 (Form 8) (12/08) securing debt: | Page 2 |
|--|--|
| | |
| Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Sch in the information below. Do not list real estate leases. Unexpire You may assume an unexpired personal property lease if the trus | edule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill d leases are leases that are still in effect; the lease period has not yet ended. stee does not assume it. 11 U.S.C. § 365(p)(2). |
| Describe your unexpired personal property leases | Will the lease be assumed? |
| Lessor's name: Description of leased Property: | □ No |
| Пореку. | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have indicated my intent property that is subject to an unexpired lease. | tion about any property of my estate that secures a debt and any personal |
| X /s/ Thomas C Mortensen | X /s/ Mary Jane Mortensen |
| Thomas C Mortensen | Mary Jane Mortensen |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date December 30, 2015 | Date December 30, 2015 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 15-43702 Doc 1 Filed 12/30/15 Entered 12/30/15 22:33:09 Desc Main Document Page 51 of 58

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In | Thomas C Mortensen | | Case No. | | | | | |
|-----|--|---|----------------------------------|-------------------------------------|--|--|--|--|
| 111 | re Mary Jane Mortensen | Debtor(s) | Chapter | 7 | | | | |
| | | | | | | | | |
| | DISCLOSURE OF COMPE | NSATION OF ATTOR | RNEY FOR DE | EBTOR(S) | | | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of | g of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to | | | | |
| | For legal services, I have agreed to accept | | \$ <u></u> | 1,800.00 | | | | |
| | Prior to the filing of this statement I have received. | | \$ | 1,800.00 | | | | |
| | Balance Due | | | 0.00 | | | | |
| 2. | The source of the compensation paid to me was: | | | | | | | |
| | \blacksquare Debtor \square Other (specify): | | | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | | |
| 4 | ■ I have not consider shows the shows disclosed community | amostica vrith any other marson | unlage they one man | have and associates of my law firm | | | | |
| 4. | ■ I have not agreed to share the above-disclosed comp | ensation with any other person | umess mey are mem | iders and associates of my faw firm | | | | |
| | ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the narrows. | | | | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to re | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | |
| | a. Analysis of the debtor's financial situation, and rendeb. Preparation and filing of any petition, schedules, statec. Representation of the debtor at the meeting of credited. [Other provisions as needed] | ement of affairs and plan which | may be required; | | | | | |
| | Negotiations with secured creditors to r reaffirmation agreements and applicatio 522(f)(2)(A) for avoidance of liens on hor | ns as needed; preparation | | | | | | |
| 5. | By agreement with the debtor(s), the above-disclosed fer Representation of the debtors in any dis any other adversary proceeding. | e does not include the following schargeability actions, judie | g service: cial lien avoidanc | es, relief from stay actions or | | | | |
| | | CERTIFICATION | | | | | | |
| thi | I certify that the foregoing is a complete statement of any s bankruptcy proceeding. | y agreement or arrangement for | payment to me for r | representation of the debtor(s) in | | | | |
| | December 30, 2015 | /s/ Joseph Wrobe | | | | | | |
| | Date | Joseph Wrobel 30 Signature of Attorne | | | | | | |
| | | Joseph Wrobel, L | | | | | | |
| | | #206 | | | | | | |
| | | 1954 First Street | 2225 | | | | | |
| | | Highland Park, IL 312.781.0996 Fax | | | | | | |
| | | josephwrobel@cl | | / com | | | | |
| | | Name of law firm | agobaliki uptoj | | | | | |
| | | | | | | | | |

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CHICAGO-LOOP • CHICAGO-ROSEMONT • BURR RIDGE• DEERFIELD • GURNEE NAPERVILLE • ORLAND PARK SCHAUMBURG • SKOKIE • ST. CHARLES • WESTCHESTER We are a debt relief agency. We proudly help people file for bankruptcy under the U.S. Bankruptcy Code. We have been serving Chicagoland for more than 40 years.

ATTORNEY CLIENT AGREEMENT FOR LEGAL SERVICES - CHAPTER 7

Client's Name:

Thomas C. Mortensen

Spouse's Name:

Mary Jane Mortensen

AGREEMENT TO RETAIN: We agree to hire Joseph Wrobel, Ltd. (hereinafter "Law Firm") to represent us for a Chapter 7 Bankruptcy proceeding. This Agreement covers Law Firm's services in this proceeding through and including a Discharge in our Chapter 7 Bankruptcy. Although Law Firm will use best efforts to obtain a favorable result, we understand that no guarantees are being made as to any specific outcome in our Chapter 7 Bankruptcy. We do understand that honest Debtors who have made a complete disclosure of their financials will rarely ever have a discharge denied by the Court.

CHAPTER 7 BANKRUPTCY LEGAL FEES AND SCOPE OF REPRESENTATION: We agree to pay a Legal Fee of ("Legal Fee") for our Chapter 7 Bankruptcy case plus the initial court filing fee of \$335.00. In the event that the initial court filing fee increases between the date of this Agreement and the date on which our case is filed, then we will pay the difference between \$335.00 and the increased filing fee amount.

This Agreement, as well as the Legal Fee stated, presumes that our financial situation does not change at all during the period of time between today and when our bankruptcy case is filed. We understand that if anything about our financial situation changes (including property ownership interests, income or expenses), the Legal Fee may change or we may no longer qualify for Chapter 7 Bankruptcy.

DESCRIPTION OF CHAPTER 7 BANKRUPTCY SERVICES TO BE PROVIDED: Legal Fee includes the following services:

- 1. Reviewing our credit report obtained by us or through Law Firm, if applicable;
- 2. Calculation and review of our "current monthly income" as defined under the Bankruptcy Code in order to determine whether our income is above or below the Median Income;
- 3. In the event that current monthly income is above the Median Income for a household of our size in the State of Illinois and the county in which we reside, complete Means Testing analysis;
- 4. Drafting of our Chapter 7 Petition, Schedules, Statement of Financial Affairs, Statement of Intention and Chapter 7 Statement of Current Monthly Income;
- 5. Providing to our bankruptcy trustee copies of: (a) pay advices for the past 60 days; (b) tax return or transcript for the most recent calendar year; (c) valuation of any automobiles or real estate owned in our names if required by the trustee; (d) any other documents required by the trustee in connection with our case.
- 6. Preparation and delivery of correspondence to significant creditors, and/or collection agencies hired by our creditors, to advise them of Law Firm's representation of pending Chapter 7, if needed;
- 7. Representation at the initial meeting of creditors (known as the section 341 meeting or meeting with the Chapter 7 Trustee);
- 8. Providing us with one (1) copy of Chapter 7 Petition, Schedules, Statement of Financial Affairs, etc., Notice of Commencement of Chapter 7 Case, and Discharge of Debtor at the conclusion of our case.

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This Agreement does not cover representation in any reaffirmation hearing or negotiation of better terms in any reaffirmation agreement with any creditor(s) ("Reaffirmation Services"). This Agreement also does not cover any of the Additional Services noted below. In the event that Reaffirmation Services or Additional Services become necessary, additional fees will be charged. (See below)

CHAPTER 7 BANKRUPTCY PAYMENT OF LEGAL FEES: We understand that we will pay Legal Fee of \$1,800.00.

METHOD OF PAYMENT ACCEPTED: Legal Fees are payable by cash, online bank account email, money order, cashier's check or certified check. Payment must be made to law Firm. Payment can be in installments of our choice or paid all at one time.

NO REFUND OF FEES ONCE PAID: We understand that Legal Fees are considered to be earned as of the date of payment, and are non-refundable. We will not receive a refund of Legal Fees paid for any reason. Though Law Firm has agreed to charge a flat rate for my case, we understand that the normal billing rate of attorneys at Law Firm is \$300.00 per hour for office time and \$400.00 per hour for court time.

WHEN BANKRUPTCY CASE WILL BE FILED: Our Bankruptcy petition will not be filed with the court unless and until we have paid our legal fee in full and signed our bankruptcy Petition, Schedules and Statement of Financial Affairs and we have provided Law Firm with a credit counseling certificate. Our creditors may continue to take legal action against us until our bankruptcy papers are filed with the court.

MEDIAN INCOME AND MEANS TESTING: According to the information we provided to Law Firm during our Initial Consultation, we understand that this Agreement, as well as Legal Fees stated, presumes that our financial situation does not significantly change during the period of time between today and when our Bankruptcy petition is filed. We know that a significant change in our financial situation (including property ownership interests, income or expenses), may cause us to no longer qualify for Chapter 7 Bankruptcy. This may result in a change in Legal Fee. We will provide to Law Firm all our pay advices, for the six months immediately prior to the date on which our bankruptcy case is filed. If our income varies significantly and the Means Testing Analysis reveals that we am not eligible for file for Chapter 7 Bankruptcy, then we will have the option of (a) filing for Chapter 13 Bankruptcy and obtaining a credit of 100% of Legal Fee toward such Chapter 13; or (b) cancelling this Agreement and receiving no refund of Legal Fee.

ADDITIONAL FEES: We understand that additional legal fees may be charged by Law Firm. If a matter has an hourly rate, those rates are \$400.00 hourly for court time; \$300.00 for office time. Those fees include, but are not limited to, the following:

- 1. Amendment of schedules after petition has been filed to add new creditors (\$105.00)
- 2. Amendment of schedules after petition has been filed to change income or expenses, or to add property (Based upon hourly rate)
- Attendance at second or adjourned meeting of creditors (\$150.00)
- 4. Responding to an inquiry made by the U.S. Trustee's Office in connection with a determination on whether to make a motion to dismiss our bankruptcy case or deny our discharge (based upon hourly rate)
- 5. Defending a motion made to dismiss or convert our Bankruptcy petition (Based upon hourly rate)
- 6. Re-opening our file after it has been closed. (Based upon hourly rate)
- 7. Contested discharge of past due IRS debts (\$1,000.00 retainer + hourly rate)
- 8. Audit by the Office of the U.S. Trustee (we have only had 2 of these in 2 years) \$500.00
- 9. If a creditor files an adversary complaint, fees are determined upon review of the complaint. Debtor has the right to hire any counsel of his/her choosing for representation.
- 10. If we fail to provide to the Law Firm a "Certificate of Completion of Course in Personal Financial Management", from an approved credit counseling agency, we understand that our bankruptcy will be closed without a discharge. In order to obtain a discharge, Law Firm will need to prepare and file a Motion to Re-Open Bankruptcy in order to allow the filing of the Certificate,

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and appear in court on our behaves, so that a discharge can be entered. We further understand that we will incur attorney's fees and costs in the sum of \$560.00 to so do and that such motion will not be prepared and filed until said sum is paid in full.

AUTHORIZATION TO OBTAIN PERSONAL INFORMATION: We hereby authorize Law Firm to obtain information about our assets, prior addresses, lien, judgments, prior bankruptcy filings, motor vehicle registrations, voter registration, and other public and non-public information that will be used to verify and ensure the completeness of the information we provide to Law Firm. The information received by Law Firm may not be comprehensive or complete. It is being obtained for background information and to aid Law Firm for verification purposes only. As such, we understand that it remains our responsibility to disclose our ownership and prior ownership of assets, property, real estate, personal items, bank accounts, stocks, bonds, pension and retirement accounts, financial accounts of any nature and other items regardless of value.

OUR DUTY TO PROVIDE TRUTHFUL AND ACCURATE INFORMATION: We have been informed by Law Firm that a knowingly false statement in our bankruptcy petition or any schedule or statement filed therewith is a federal crime. We acknowledge that Law Firm will prepare our petition and supporting schedules and statements based upon information supplied by us, and we understand that Law Firm will rely upon said statements as being true, accurate, complete and correct. We also undertake to review all documents filed as part of our bankruptcy case, and that our signature on those documents will signify that we have read and understood them, and agree with the contents thereof.

UNDERSTANDING THE RISKS OF BANKRUPTCY. We understand that there are inherent risks in filing for Bankruptcy, including the fact that property may be liquidated (sold) by the Court to pay debts in some cases. We also understand that the current Bankruptcy laws are subject to different interpretations and that there are inherent risks in how the Judges and Courts will apply various provisions. Examples include how to calculate income, how and when to liquidate assets or property, what exemptions apply to protect my property, whether property may be sold to satisfy domestic support obligations, whether we qualify for a Chapter 7 or Chapter 13, whether and to what extent another states exemption law may apply to determine what property we can keep, how payments to creditors or a Chapter 13 Trustee are calculated and determined, how long a case will be pending, how our good faith will be judged in filling a case, and how and to what extent our finances will be subject to audit and examination in detail.

OUR DUTY TO COOPERATE WITH LAW FIRM: We agree to provide all documentation required by Law Firm to effectively represent us, and to cooperate to the best of our ability. If we do not cooperate with Law Firm, we are aware that Law Firm retains the right to immediately withdraw from representation and to do no further work on our file.

December 26, 2015

THE ABOVE IS UNDERSTOOD AND AGREED TO.

Client

Joseph Wrobel

Joseph Wrobel, Ltd.

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ALL ABOUT YOUR VEHICLE AND OTHER SECURED PROPERTY

Your vehicle lender, as well as a variety of store-branded credit cards and jewelry and furniture stores, retains what is called a "security interest" in the vehicle or merchandise that is purchased using the store-branded credit card (or retail installment contract), things like appliances, home electronics, furniture, jewelry, fur coats, etc. You can think of a "security interest" as a lien that follows the items around until they are paid in full. If you file for bankruptcy and owe money on your vehicle or other merchandise purchased on a store-branded credit card or a retail installment contract, you will be presented with a number of choices. These choices are:

SURRENDER: You will be permitted to return the vehicle or other secured item back to the lender through your bankruptcy case. If you choose to do this you will no longer be required to make any payments on the loan, and will not be held responsible for repayment after your bankruptcy case is completed. If you choose to surrender the property we will contact the creditor on your behalf and arrange for pick-up. This is performed at no cost to you.

REDEMPTION: You may decide to pay off the secured loan through the bankruptcy process and keep the property. This is called "redemption", and the amount that you will be required to pay is equal to the retail replacement value of the collateral. Replacement value is defined under 11 USC Section 506 as the price a retail merchant would charge for property of that kind considering its age and condition. If you choose to redeem the property, we will charge a fee of \$400 to file the necessary motion with the bankruptcy court and arrange for payment by you to the creditor directly.

REAFFIRMATION: You may decide to reaffirm. A reaffirmation agreement is a legally valid contract setting forth that you will pay all or a portion of the money owed, despite the bankruptcy filing. In return, the creditor promises that, as long as payments are made, the creditor will not repossess or take back the automobile or other merchandise. If you default on the agreement after your bankruptcy case is completed, you could lose the property and still be held responsible for the balance due on the loan. You have 60 days after an agreement is filed with the Court to change your mind by rescinding the agreement in writing and filing it with the court and the creditor. On most reaffirmation agreements, there is no negotiation; the reaffirmation agreement continues the same payments.

IF YOU ARE RETAINING YOUR HOME, YOUR MORTGAGE LENDER(S) WHETHER FIRST MORTGAGE, SECOND MORTGAGE, OR HOME EQUITY LOAN, WILL REQUEST A REAFFIRMATION AGREEMENT. OUR ADVISE TO YOUR WILL BE TO NOT TO SIGN THE AGREEMENT. YOU ONLY NEED TO CONTINUE TO MAKE PAYMENTS. SIGNING A REAFFIRMATION AGREEMENT REMOVES THE BANKRUPTCY PROTECTION. YOUR BANKRUTPCY PROTECTS YOU FROM PERSONAL LIABILITY SHOULD YOU EVER FALL BEHIND ON MORTGAGE PAYMENTS OR DECIDE YOU NO LONGER WANT THE PROPERTY. REMEMBER THAT BANKRUPTCY CANNOT MODIFY THE TERMS OF YOUR MORTGAGE.

VEHICLE LOANS REQUIRE REAFFIRMATIONS IN ORDER RETAIN THE VEHICLE. IT IS RARE THAT BETTER TERMS CAN BE NEGOTIATED FOR A VEHICLE LOAN.

December 26, 2015

THE POVE IS UNDERSTOOD AND AGREED TO:

Client

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United States Bankruptcy Court Northern District of Illinois

| In re | Thomas C Mortensen Mary Jane Mortensen | | Case No. | |
|-------|---|---|------------------|---------------------------|
| | | Debtor(s) | Chapter | 7 |
| | VERI | FICATION OF CREDITOR M Number of | | 21 |
| | The above-named Debtor(s) he (our) knowledge. | reby verifies that the list of credi | tors is true and | correct to the best of my |
| Date: | December 30, 2015 | /s/ Thomas C Mortensen Thomas C Mortensen Signature of Debtor | | |
| Date: | December 30, 2015 | /s/ Mary Jane Mortensen Mary Jane Mortensen | | |
| | | Signature of Debtor | | |

Advocate Lutheran General Hospital POB 4249 Carol Stream, IL 60197-4249

Advocate Lutheran General Hospital 2701 High Point Drive #124 Lewisville, TX 75067

Capital One Bank PO Box 71087 Charlotte, NC 28272-1087

Capital Retail Services - Menards PO Box 71106 Charlotte, NC 28272

Chase PO Box 15153 Wilmington, DE 19886-5153

Discover PO Box 30954 Salt Lake City, UT 84130-0954

Home Depot Credit Services Processing Center Des Moines, IA 50364-0500

IICar-Integrated Imaging Consltnts POB 95040 Chicago, IL 60694-5040

Lowes PO Box 530914 Atlanta, GA 30353

Lucrecia Juarez and Rocio Cazares c/o Bellas and Wachowski 15 Northwest Highway Park Ridge, IL 60068

Michelle Mortensen 5635 N. Major Avenue Chicago, IL 60646 Midwest Community Bank PO Box 689 Freeport, IL 61032

Northwest Infectious Disease 7900 N. MIlwaukee #231 Niles, IL 60714-3247

Orthofix POB 849806 Dallas, TX 75284-9806

PNC Bank
PO Box 747066
Pittsburgh, PA 15274-7066

Presence Resurrection Medical Cntr 621 17th Street Suite 1800 Denver, CO 80293

Shell PO Box 183018 Columbus, OH 43218-3018

State Farm PO Box 23025 Columbus, GA 31902

State Farm Bank POB 3299 Milwaukee, WI 53201-3299

Synch Bank/Pay Pal PO Box 965003 Orlando, FL 32896-5003

Walmart PO Box 960024 Orlando, FL 32896-0024